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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Decision February) |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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A. RAMSEY FEB 10 2022

COVER LETTER

| TO: Amendment Section Division of Corporations | |
|---|---|
| | |
| SUBJECT: Pionex Inc. | |
| Name of Corporation | |
| DOCUMENT NUMBER: | |
| | Office/A cont and fee are submitted for Clina |
| The enclosed Statement of Change of Registered C | · · |
| Please return all correspondence concerning this n | natter to the following: |
| | |
| Robert Morris Name of Contact Person | |
| Pionex Inc. | |
| Firm/Company | |
| 105 College Road East | |
| Address | |
| Princeton NJ 08540 | |
| City/State and Zip Code | |
| bobmorris@pionex.com | |
| E-mail address: (to be used for future annual r | enort notification) |
| 15-man address. (to be used for future annual t | eport notification) |
| | |
| For further information concerning this matter, ple | ase call: |
| Robert Morris | 01 (973) 610-2699 |
| Name of Contact Person | at (973) 610-2699 Area Code & Daytime Telephone Number |
| Control in 1925 00 short made and the D | |
| Enclosed is a \$35.00 check made payable to the D | epartment of State. |
| Mailing Address: | Street Address: |
| Mailing Address: Amendment Section | Amendment Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | The Centre of Tallahassee |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 |
| | Tallahassee, FL 32303 |

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

*. . *.

| statement of cha | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State ofer to change its registered office or registered agent, or both, in the State of Florida. |
|--|---|
| | the corporation: Pionex Inc. |
| 2. The principal | office address: 105 College Road East Princeton NJ 08540 |
| 3. The mailing a | address (if different): |
| 4. Date of incorp | poration/qualification: 07/12/2021 Document number: |
| 5. The name and | d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned) |
| | Harvard Business Services Inc. |
| | 7901 4th Street Suite 300 |
| | St. Petersburg Florida 33702 |
| 6. The name and (if changed): | 7901 4th Street Suite 300 St. Petersburg Florida 33702 d street address of the new registered agent (if changed) and /or registered office Registered Agents Inc. |
| | Registered Agents Inc. |
| | 7901 4th Street Suite 300 |
| | P.O. Box NOT acceptable |
| | St. Petersburg Florida 33702 |
| The street addre as changed will | ess of its registered office and the street address of the business office of its registered agent, be identical. |
| Such change wa authorized by th | as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change. |
| Signatur | Robert Maria |
| I hereby accept I further agree t of my duties, and document is beit corporation has | the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this and filed merely to reflect a change in the registered office address, I hereby confirm that the scheen notified in writing of this change. |
| 3 | nature of Registered Agent |
| • | |
| it signing on bel | half of an entity: |
| Ty | yped or Printed Name |

* * * FILING FEE: \$35.00 * * *